U.S Department of Labor Office of Labor-Management Standards Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Q MS		
1 File Number U 10570	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name ALAN R OGG	Name COMMUNICATIONS WORKERS OF AMERICA LOCAL 7401	
	Labor Organization File Number 000-188	
PO Box Bidg Room No if any	PO Box Building and Room Number if any PO BOX 5911	
Street 3119 W 18TH	Street 210 N WALNUT	
Caty GRAND ISLAND	City GRAND ISLAND	
State Nebraska ZIP Code + 4 68803-2404	State Nebraska ZIP Code + 4 68802-5911	
5 Position in labor organization PRESIDENT		
A. Held an interest in, engaged in transactions (including loans) with or monetary value from an employer whose employees your organizated. 6 Name and address of Employer (including trade name if any) Name QWEST COMMUNICATIONS Trade Name if any	Ta Nature of Interest, Transaction or Income EXPENSES FOR UNION OFFICER MEETING IN DENVER ON 6/21-6/22/2004 AIRFARE FROM GRAND ISLAND NE TO DENVER ROUNDTRIP \$303 HOTEL ROOM IN DENVER FOR 6/21/2004 \$96 43 DINNER FOR 6/21/2004 \$35 00 LUNCH ON 6/22/2004	
PO Box Bldg Room No if any	7.b Amount	
Street 1801 CALIFORNIA ST		
Chy DENVER	\$459	
State Colorado ZIP Code + 4 80202		
Signature C		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.) \(\) \		
Signed Allow Og	On 8/11/2005 308-381 1816 Telephone Number	

B. Held an interest in or derived moorne or economic benefit with monetary value from a business (1) a substantial part of which commate of buying from a celling of business to or otherwise desting with his business. 2 any part of which commate of buying from or selling or leasing to or otherwise desting with his business. 2 any part of which commate of buying from or selling or leasing tood or otherwise with a celling with his business. 2 and the selling of the selling with the command of the selling of the selling with his business. 3 and and address of Business (including trade manso if any) Name and address of Business (including trade manso if any) Name	Name of Person Filing ALAN OGG	File Number U	
Name	substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bidg Room No if any Street City State ZIP Code + 4	Name Trade Name if any PO Box Bidg Room No if any Street City State ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any PO Box Bidg Room No if any Street City City	a Labor Organization b Trust c Employer 11 a Nature of such dealing 11 b Approximate dollar value of such dealing	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bidg Room No if any Street City State ZIP Code + 4		12.b Amount	
(including trade name if any) Name Trade Name if any PO Box Bldg Room No if any Street City State ZIP Code + 4	C Received from any employer (other than an employer covered under parts A and B above)		
	13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bidg Room No if any Street City	14.a Nature of payment.	